

Building Coordinator Emergency Evacuation Evaluation

(This form is to be completed as per 2012 IFC 405.5, and maintained by the building coordinator for a period of five (5) years from the date of evacuation)

Building Coordinator: _____

Building Address: _____

Date: _____ **Time of Day:** _____

Time to Evacuate Building: _____ **Weather Conditions:** _____

Type of Notification Method (check all that apply):

Audible Visible Textual Audible Textual Visible Tactile

Number of Occupants Evacuated: _____

Special conditions simulated if a drill (i.e. exit stairwell blocked, alternate assembly area):

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List all deficiencies that need further action.

		DATE	
DEFICIENCY	CORRECTIVE ACTION	of Follow-up	Corrected

For ADOA owned and managed buildings, submit completed form to ADOA General Services Division (GSD)